

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

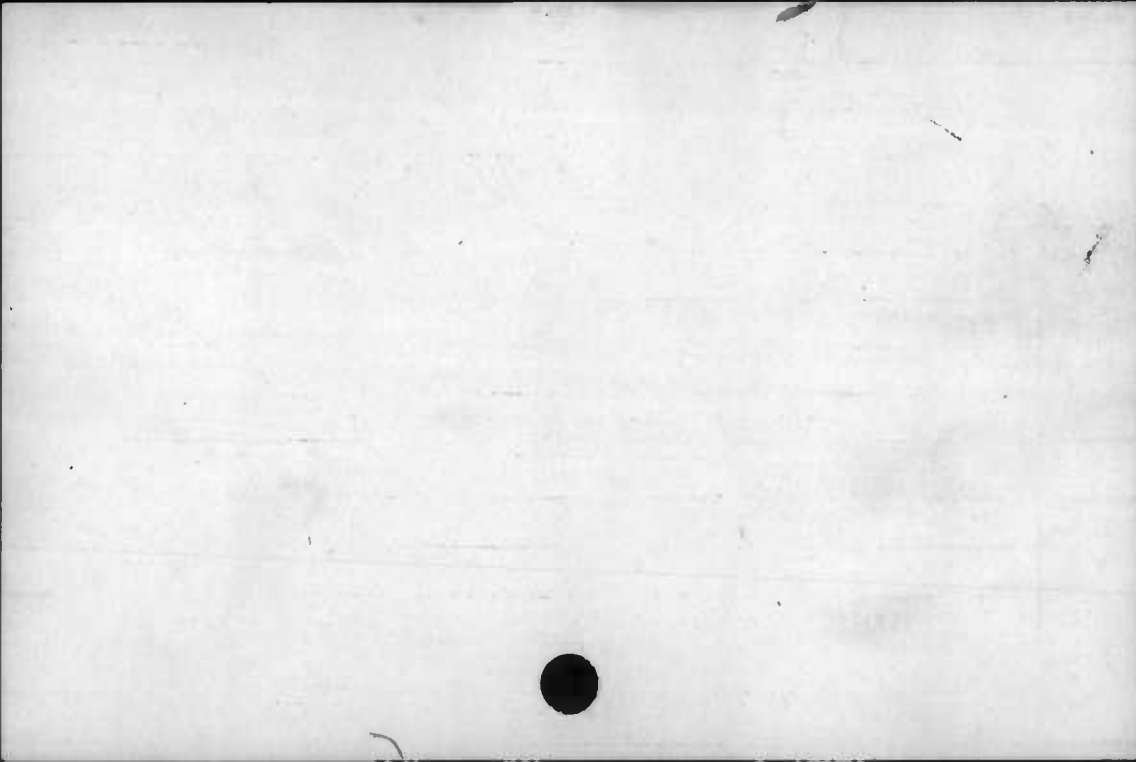
Name in Full <i>John Bancord</i>		Town <i>New Germany</i>		County <i>Garrett</i>		MARYLAND							
Died at		Date of death		Month <i>June</i>		Day <i>1st.</i>		Years <i>80</i>		Months <i>2</i>		Days <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>									
Occupation <i>Farmer</i>		Where Residing if not at place of death											
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Cathrine Koontz</i>											
Father's Name <i>John Bancord</i>		Father's Birthplace <i>Ind.</i>											
Mother's Maiden Name <i>Sarah Parrbaugh</i>		Mother's Birthplace <i>Pa.</i>											
Name of person giving information <i>Louis Warnock</i>		How related to deceased <i>Son-in-law.</i>											

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Apoplexy</i>		How long <i>2 days.</i>	
Immediate <i>Cardiac Failure</i>		How long <i>8 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. C. Bowen M.D.</i>	
		Address <i>Grantville</i>	
Accident or Suicide?		<i>Garrett Co. Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mrs Geo Block
Cerulea Town

County

Carroll

MARYLAND

Date

of death

1909

Month

June

Day

7

Age

Years

28

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

H. W.

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Geo Block

Father's
Name

Allen Butler

Father's
Birthplace

W. Va

Mother's
Maiden Name

Nora Perkins

Mother's
Birthplace

W. Va

Name of person giving
Information

Lynnan Neal

How related
to deceased

Bro - in - law

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pneumonia tuberculosis

How long

One year

Immediate

Septic

How long

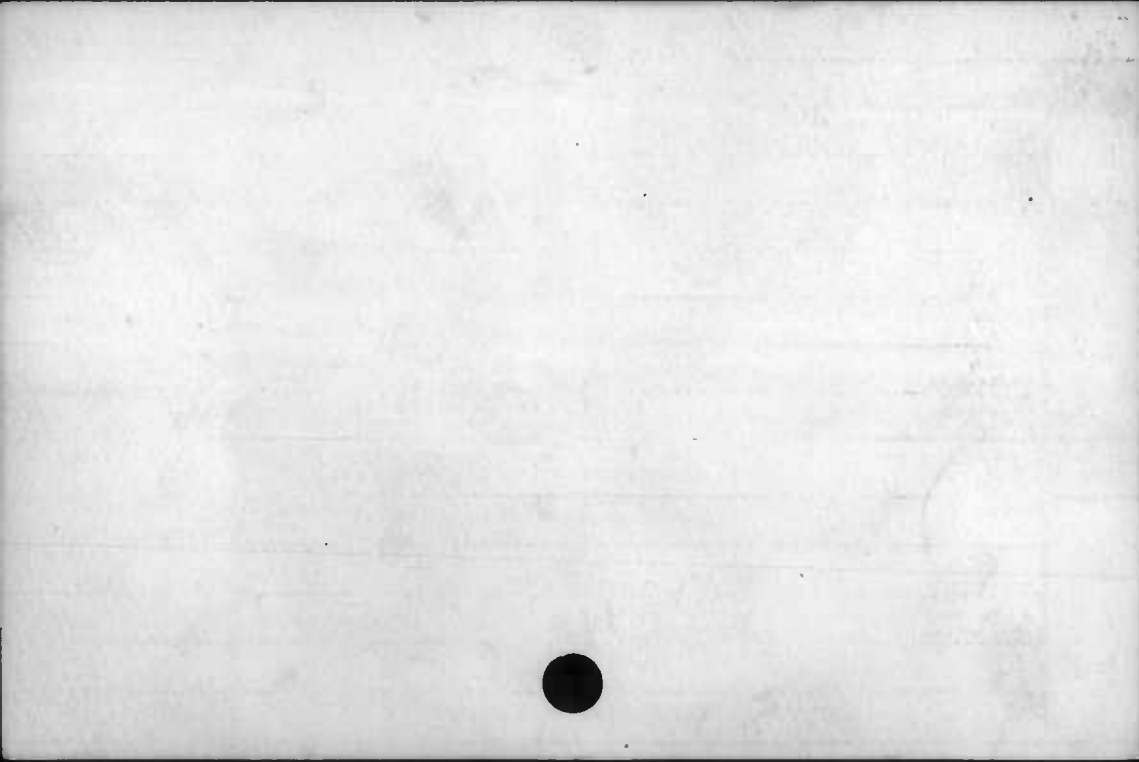
Short time

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. E. Fugate
Gardner
Md

Accident or Suicide?



Name
in
Full

Horace R. Cheney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

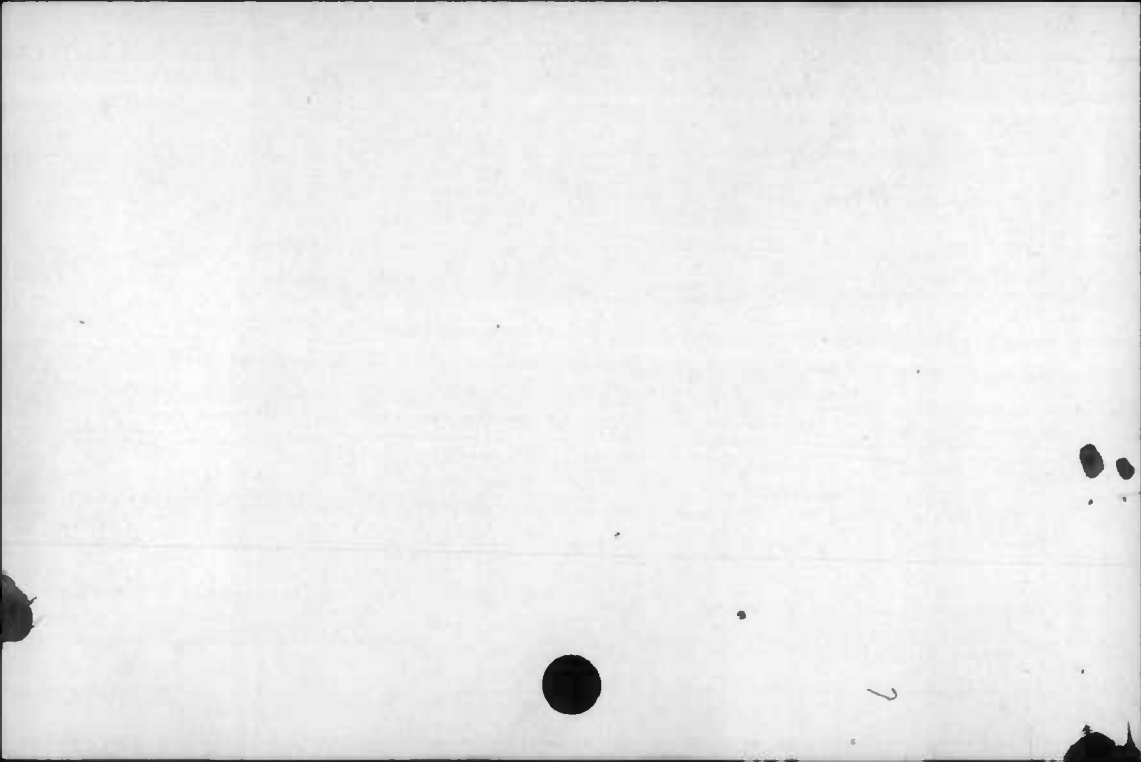
Died at		Town Averton		County Garrett		MARYLAND	
Date of death		1909	Month June	Day 11	Age 49	Months 4	Days 22
Sex Male		Color or Race White		Birth-place Averton			
Occupation Lumberman		Where Residing if not at place of death Averton					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name John C. Cheney				Father's Birthplace Averton			
Mother's Maiden Name Katie Kanepp				Mother's Birthplace Frostburg Md			
Name of person giving information James H. Hubble				How related to deceased Mother			

CAUSES OF DEATH

30

PHYSICIAN
OR CORONER

Primary	Fracture of Spine	How long	22 Years
Immediate	Dislocation of Spine	How long	3 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. T. Robinson	
		Address Grantville Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lucy Cready Town *Oakland* County *Gaunt* MARYLAND

Died at *Oakland* Month *June* Day *23* Age *34* Years Months Days

Date of death *1909*

Sex *Female* Color or Race *Colored* Birth-place *Va*

Occupation _____ Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Married* Name of Wife or Husband *John Cready*

Father's Name *Harvey Turner* Father's Birthplace *Va*

Mother's Maiden Name *Maggie Smith* Mother's Birthplace *Va*

Name of person giving Information *Harvey Turner* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary _____ How long _____

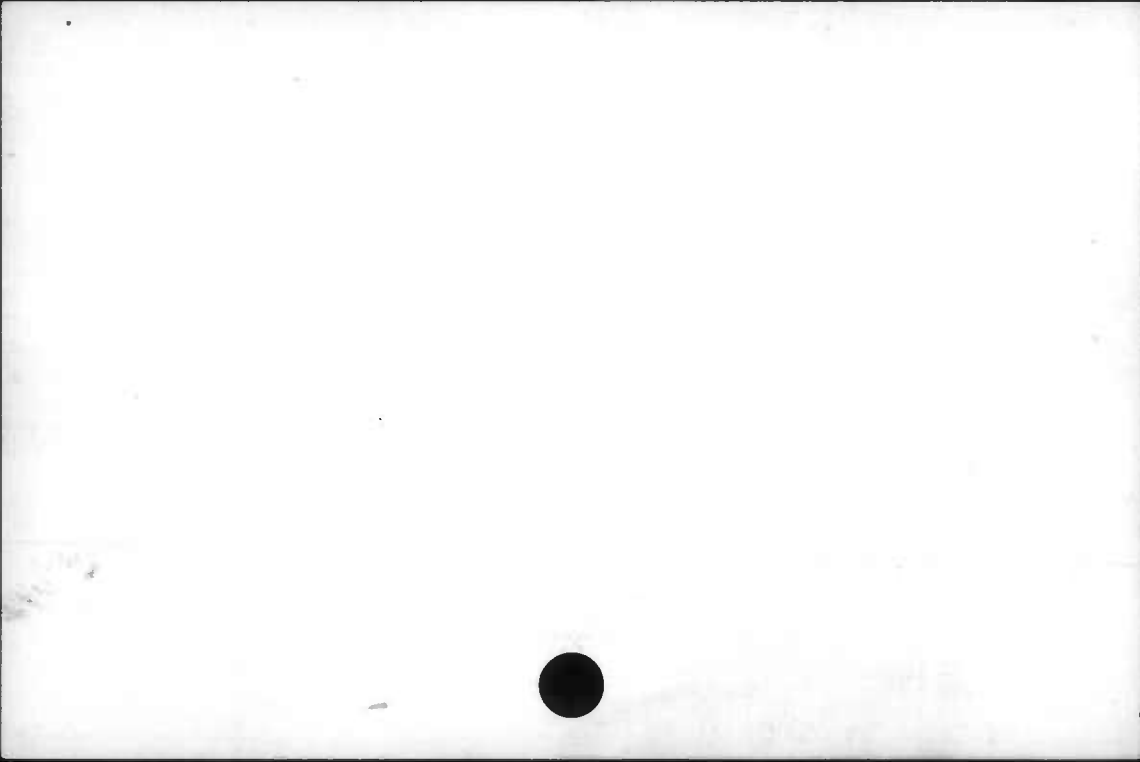
Immediate *Pulmonary Tuberculosis* How long *Two years*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *No physician*

Address _____

Accident or Suicide *✓* *H. W. McLean H. O.*



Name
in
Full

Arthur Eldred Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

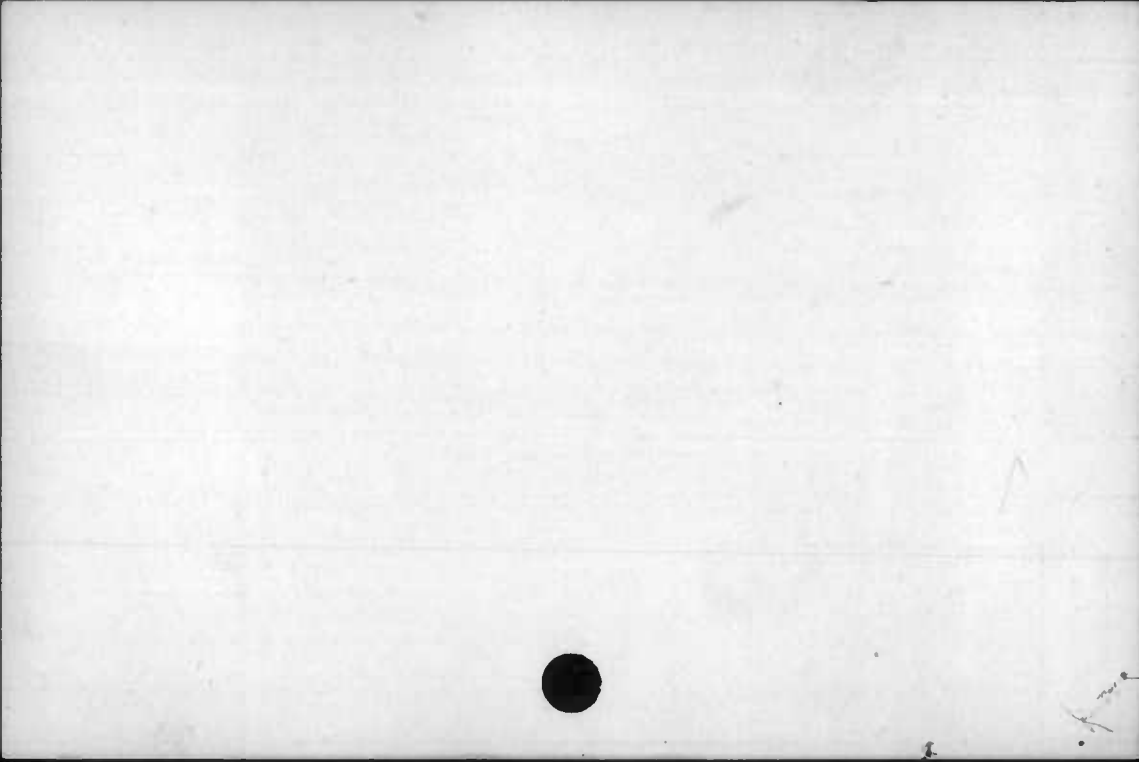
Died at		Town <i>Jennings</i>		County <i>Garret</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		June	5	Age 5	2	29	
Sex	<i>Boy</i>	Color or Race	<i>White</i>			Birth-place <i>Jennings</i>	
Occupation	<i>Infant</i>			Where Residing if not at place of death <i>Jennings</i>			
Married, Single or Widowed	<i>Infant</i>			Name of Wife or Husband <i>Infant</i>			
Father's Name	<i>W. S. Parks</i>					Father's Birthplace <i>Virginia</i>	
Mother's Maiden Name	<i>Sallie Munn</i>					Mother's Birthplace <i>Maryland</i>	
Name of person giving information	<i>T. G. Goble</i>					How related to deceased <i>Mother</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Swifter</i>	How long	<i>One week</i>
Immediate	<i>Choked by infant</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. J. Robinson</i>	
Yes <i>Yes</i>		Address <i>Granterville Md.</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Sarah E. Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Oakland* Town *Summit* County **MARYLAND**

Date of death *1909 June 1* Month Day Age *67* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Summit Co Pa*

Occupation _____ Where Residing if not at place of death *Oakland*

Married, Single or Widowed *The divorced* Name of Wife or Husband *M. E. Scott*

Father's Name *James B Davis* Father's Birthplace *Pa*

Mother's Maiden Name *Sarah McMillan* Mother's Birthplace *Pa*

Name of person giving Information *M. E. Scott* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* How long *Two or 3 years*

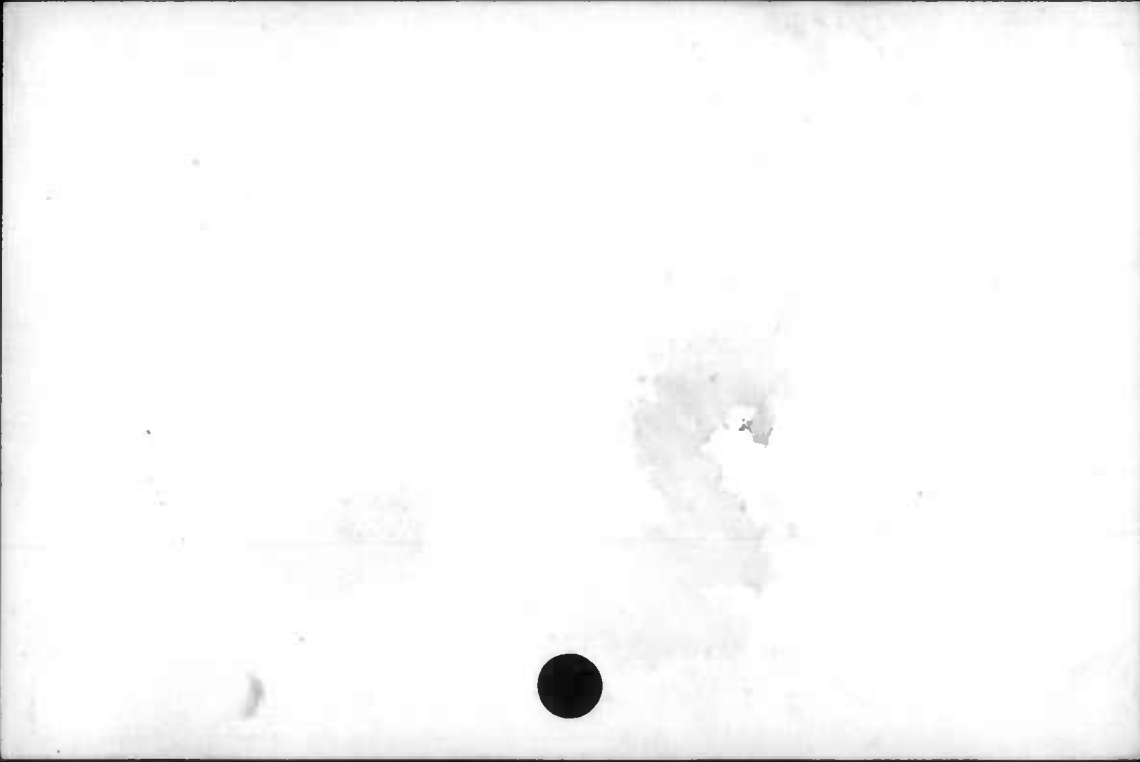
Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Henry W. Thomas*

Address *Oakland Md*

Accident or Suicide *✓*



Name
in
Full

Bryson Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Lake Park</i>		County <i>Harrett</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1909</i>	<i>June</i>	<i>3</i>	<i>63</i>		
Sex	Color or Race		Birth-place		
<i>Male</i>	<i>White</i>		<i>Md</i>		
Occupation	Where Residing if not at place of death				
<i>Farmer</i>					
Married, Single or Widowed	Name of Wife or Husband				
<i>Married</i>	<i>Susan E. Specht</i>				
Father's Name	Father's Birthplace				
<i>Abraham Welch</i>	<i>Ireland</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Don't know</i>	<i>Don't know</i>				
Name of person giving information	How related to deceased				
<i>Upton Cuppitt</i>	<i>son-in-law</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>29 months</i>
Immediate	<i>Asthemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	<i>J. E. Specht</i>		
	<i>Harrett</i>		
Accident or Suicide?			

